

Foster Family Home - Corrective Action Report

Provider ID: 2-636102

Home Name: Leonora Agbigay, CNA

Review ID: 2-636102-1

293 Kuhilani Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 7/31/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to certify new, two client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 8/31/19.

Foster Family Home Personnel and Staffing

[11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No TB clearance in home binder for household member 2 or 3.

Carol Copeland RN MSW
Compliance Manager

Leonora O. Agbigay
Primary Care Giver

7/31/19
Date

7-31-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Lemora O. Agbigay

CCFFH Address: 293 Kuhlani St Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(F)(1)	I got copies of T.B-clearance from household members 2 + 3 and put it in my home binder.	8/6/19	I have made a list of required documents and check my list every month to be sure I have everything required.

Primary Caregiver's Signature: Lemora O. Agbigay

Print Name: Lemora O. Agbigay

Date of Signature: 8/6/19